REFERENCE: 8120 EFFECTIVE: 12/01/14 REVIEW: 11/30/16

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CONTINUATION OF CARE

(San Bernardino County Only)

I. PURPOSE

To develop a system that ensures the rapid transport of patients at the time of symptom onset or injury, to receiving the most appropriate definitive care. This system of care consists of public safety answering point (PSAP) providers, EMS providers, referral hospitals (RH), Specialty Care Centers (Trauma, Cardiovascular ST Elevation Myocardial Infarction (STEMI) or Stroke), ICEMA and EMS leaders combining their efforts to achieve this goal.

This policy shall only be used for:

- Rapid transport of trauma, STEMI and stroke patients from RH to Specialty Care Center.
- Specialty Care Center to Specialty Care Center when higher level of care is required.
- EMS providers transporting unstable patients requiring transport to a Specialty Care Center to stop at any closest receiving hospital for airway stabilization, and continue on to a Specialty Care Center.

It is not to be used for any other form of interfacility transfer of patients.

II. **DEFINITIONS**

Neurovascular Stroke Receiving Centers (NSRC): A licensed general acute care hospital designated by ICEMA's Governing Board as a NSRC.

Referral Hospital (RH): Any licensed general acute care hospital that is not an ICEMA designated TC, SRC or NSRC.

Specialty Care Center: An ICEMA designated Trauma, STEMI or Stroke Center.

STEMI Receiving Centers (**SRC**): A licensed general acute care hospital designated by ICEMA's Governing Board as STEMI Receiving Center with emergency interventional cardiac catheterization capabilities.

Trauma Center (TC): A licensed general acute care hospital designated by ICEMA's Governing Board as a trauma hospital in accordance with State laws, regulations and ICEMA policies.

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III. INCLUSION CRITERIA

- Any patient meeting ICEMA Trauma Triage Criteria, (refer to ICEMA Reference #15030 Trauma Triage Criteria and Destination Policy) arriving at a non-trauma hospital by EMS or non-EMS transport.
- Any patient with a positive STEMI requiring EMS transport to a SRC (refer to ICEMA Reference #6070 Cardiovascular ST Elevation Myocardial Infarction Receiving Centers Criteria and Destination Policy).
- Any patient with a positive mLAPSS or stroke scale requiring EMS transport to a NSRC (refer to ICEMA Reference #6100 - Neurovascular Stroke Receiving Centers Criteria and Destination Policy).

IV. INITIAL TREATMENT GOALS AT RH

- Initiate resuscitative measures within the capabilities of the facility.
- Ensure patient stabilization is adequate for subsequent transport.
- <u>Do not delay transport</u> by initiating any diagnostic procedures that do not have direct impact on immediate resuscitative measures.

> TIMELINES

- < 30 minutes at RH (door-in/door-out).
- < 30 minutes to complete ALS continuation of care transport.
- < 30 minutes door-to-intervention at Specialty Care Center.
- RH shall contact the appropriate Specialty Care Center ED physician directly without calling for an inpatient bed assignment. Refer to Section IV - SRH-SRC Buddy System Table.
- EMS providers shall make Specialty Care Center base hospital contact.
- The Specialty Care Centers shall accept all referred trauma, stroke and STEMI patients unless they are on Internal Disaster as defined in ICEMA Reference #8060 Requests for Hospital Diversion Policy (San Bernardino County Only).
- The Specialty Care Center ED physician is the accepting physician at the Specialty Care Center and will activate the internal Trauma, STEMI, or Stroke Team according to internal TC, SRC or NSRC policies or protocols.

Continuation of Care (San Bernardino County Only)

RH ED physician will determine the appropriate mode of transportation for

• Simultaneously call 9-1-1 and utilize the following script to dispatch:

"This is a Continuation of Care run from ____hospital to ____Trauma, STEMI or Stroke Center"

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Dispatchers will only dispatch transporting paramedic units without any fire apparatus.

 RH must send all medical records, test results, radiologic evaluations to the Specialty Care Center. DO NOT DELAY TRANSPORT - these documents may be FAXED to the Specialty Care Center.

V. SPECIAL CONSIDERATIONS

the patient.

- If the patient has arrived at the RH via EMS field personnel, the RH ED physician may request that the transporting team remain and immediately transport the patient once minimal stabilization is done at the RH.
- EMT-Ps may only transport patients on Dopamine, Lidocaine and Procainamide drips. Heparin and Integrillin drips are not within the EMT-P scope of practice and require a "critical care transport" nurse to be in attendance. Unless medically necessary, avoid using medication drips that are outside of the EMT-P scope of practice to avoid any delays in transferring of patients.
- The RH may consider sending one of its nurses with the transporting ALS unit if deemed necessary due to the patient's condition or scope of practice.
- Nurse staffed ALS units (ground or air) may be used; but may create a delay due to availability. Requests for a nurse staffed ALS unit must be made directly to the Critical Care Transport (CCT) provider by landline.
- Specialty Care Center diversion is not permitted except for Internal Disaster. However, Specialty Care Center base hospitals are allowed to facilitate redirecting of EMS patients to nearby SRCs, NSRCs or TCs when the closest Specialty Care Center is over capacity to avoid prolonged door-to-intervention times. Specialty Care Center base hospitals shall ensure physician to physician contact when redirecting patients.

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VI. SPECIALTY CARE CENTER - REFERRAL HOSPITAL BUDDY SYSTEM TABLE

	MELIDOVA CCLIL AD CTDOVE DECEDDAL
NEUROVASCULAR STROKE	NEUROVASCULAR STROKE REFERRAL
RECEIVING CENTERS (NSRC)	HOSPITALS (NSRH)
Arrowhead Regional Medical Center	Barstow Community Hospital
	Community Hospital of San Bernardino
	Desert Valley Hospital
	Kaiser Fontana Medical Center
	St. Bernardine Medical Center
	St. Mary Medical Center
Desert Regional Medical Center	Colorado River Medical Center
	Hi-Desert Medical Center
Loma Linda University Medical Center	Bear Valley Community Hospital
	J.L. Pettis VA Hospital (Loma Linda VA)
	Mountains Community Hospital
	St. Mary Medical Center
	Victor Valley Global Medical Center
	Weed Army Community Hospital at Fort Irwin
Pomona Valley Hospital Medical Center	Chino Valley Medical Center
	Montclair Hospital Medical Center
Redlands Community Hospital	Bear Valley Community Hospital
, , , , ,	Community Hospital of San Bernardino
	St. Bernardine Medical Center
San Antonio Community Hospital	Chino Valley Medical Center
San rantomo Community Hospitar	Kaiser Ontario Medical Center
	Montclair Hospital Medical Center
STEMI RECEIVING CENTER (SRC)	STEMI REFERRAL HOSPITAL (SRH)
Desert Valley Hospital	Barstow Community Hospital
Desert valley Hospital	Y =
	Victor Valley Global Medical CenterWeed Army Community Hospital at Fort Irwin
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Loma Linda University Medical Center	Arrowhead Regional Medical Center
Loma Linda University Medical Center	Arrowhead Regional Medical CenterBear Valley Community Hospital
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Pomona Valley Hospital Medical Center	 Arrowhead Regional Medical Center Bear Valley Community Hospital J. L. Pettis VA Hospital (Loma Linda VA) Redlands Community Hospital Chino Valley Medical Center Montclair Hospital Medical Center
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VII. REFERENCES

Number	<u>Name</u>
6070	Cardiovascular ST Elevation Myocardial Infarction Receiving Centers
	Criteria and Destination Policy
6100	Neurovascular Stroke Receiving Centers Criteria and Destination Policy (San
	Bernardino County Only)
8060	Requests for Hospital Diversion Policy (San Bernardino County Only)
15030	Trauma Triage Criteria and Destination Policy